|                              |        | ORIGINAL           | INAL                              |                                       |                              |   |             |             | <u>K</u> | INTERNATIONAL CLASSIFICATION | CLA | SSIFICATI                | NO<br>NO    |                   |
|------------------------------|--------|--------------------|-----------------------------------|---------------------------------------|------------------------------|---|-------------|-------------|----------|------------------------------|-----|--------------------------|-------------|-------------------|
|                              | CLASS  |                    |                                   | SUBCLASS                              |                              |   |             |             | CLAIMED  |                              |     | NON                      | NON-CLAIMED | MED               |
| 379                          |        |                    | 406.05                            |                                       |                              | I | 0           | 4           | Σ        | 1 / 00                       |     |                          |             |                   |
|                              |        | CROSS REFERENCE(S) | ERENCE(S)                         |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
| CLASS                        |        | SUBCLASS (0        | SUBCLASS (ONE SUBCLASS PER BLOCK) | PER BLOCK)                            |                              |   |             |             |          |                              |     |                          |             |                   |
| 379                          | 406.01 | 406.04             | 406.06                            | 406.08                                | 392.01                       |   |             |             |          |                              |     |                          |             |                   |
|                              |        |                    |                                   |                                       |                              |   |             | +           |          |                              |     |                          |             |                   |
|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          | _           |                   |
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|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
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|                              |        |                    |                                   |                                       |                              |   |             |             |          |                              |     |                          |             |                   |
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|                              |        |                    |                                   |                                       |                              |   |             | 1           |          |                              |     | •                        |             |                   |
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|                              |        |                    | _                                 |                                       |                              |   | $\parallel$ | $\parallel$ | $\ $     |                              | 1   |                          |             |                   |
| NONE                         |        |                    |                                   |                                       |                              |   |             |             |          |                              |     | Total Claims Allowed:    | laims A     | llowed:           |
| (Assistant Examiner)         | niner) | (Date)             |                                   |                                       |                              |   | )           |             |          |                              |     |                          | 18          |                   |
| (Legal Instruments Examiner) | _ /    |                    |                                   | Jefferey F. Harold (Primary Examiner) | effect & Dawler 17107 (Date) | B | <b>Z</b>    | (Date)      | 4        |                              | 0.6 | O.G. Print Claim(s)<br>8 |             | O.G. Print Figure |
|                              |        | ,                  | 1                                 |                                       |                              |   |             |             |          |                              |     |                          | $\dashv$    |                   |

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